

6
No. 85-1409

Supreme Court, U.S.

FILED

AUG 15 1986

JOSEPH F. SPANIOLO, JR.
CLERK

In the Supreme Court of the United States

OCTOBER TERM, 1986

OTIS R. BOWEN, SECRETARY OF HEALTH
AND HUMAN SERVICES, PETITIONER

v.

JANET J. YUCKERT

JOINT APPENDIX

CAROLE GROSSMAN, ESQ.
*Legal Services of Northern
California*
2230 Cassidy Lane
Rte 2, Box 2230
Davis, CA 95616
(916) 756-3297

CHARLES FRIED
Solicitor General
Department of Justice
Washington, D.C. 20530
(202) 633-2217

JAMES A. DOUGLAS, ESQ.
*Gibbs, Douglas, Theiler &
Drachler*
1613 Smith Tower
Seattle, WA 98104
(206) 623-0900

PETITION FOR A WRIT OF CERTIORARI FILED
FEBRUARY 21, 1986
CERTIORARI GRANTED MAY 19, 1986

64PP

	Page
Docket Entries—continued:	
Memorandum In Support of Request for Review by Appeals Council, submitted by counsel for respondent on April 15, 1982 (R. 7-17)	8
Respondent's Request for review by the Appeals Council of the administrative law judge's decision, dated January 20, 1982 (R. 19)	18
Exhibits admitted into evidence at hearing before administrative law judge	19
Exh. 3: Disability Determination and Transmittal, dated December 2, 1980 (R. 90-91) ...	19
Exh. 4: Disability Determination and Transmittal, dated December 2, 1980 (R. 92)	21
Exh. 5: Request for Reconsideration, dated January 13, 1981 (R. 93)	22
Exh. 6: Disability Determination and Transmittal (on reconsideration), dated February 6, 1981 (R. 94-95)	23
Exh. 7 (excerpt): Disability Determination and Transmittal (on reconsideration), dated February 6, 1981 (R. 96)	25
Exh. 8 (excerpt): Supplemental Security Income Notice of Reconsideration, dated February 10, 1981 (R. 98)	26
Exh. 9: Request for Hearing, dated March 31, 1981 (R. 100-101)	27
Exh. 14: Vocational Report, dated October 23, 1980 (R. 120-122)	29
Exh. 15: Reconsideration Disability Report, dated January 13, 1981 (R. 123-128)	32
Exh. 17: Physician's report submitted by Valley Community Clinic (R. 132-134)	38
Exh. 18: Medical Records Report submitted by Harborview Medical Center (R. 135-141) ..	41

	Page
Docket Entries—continued:	
Exh. 19 (excerpts): Letter dated December 3, 1980, and attachment, from Raymond E. Johnson (R. 142-144)	48
Exh. 20: Letter dated October 9, 1980, from Marsha Fretwell, M.D. (R. 159)	51
Exh. 21: Letter dated October 17, 1980, from Matthew L. Wong, M.D. (R. 160)	52
Exh. 23: Letter dated January 7, 1981, from Matthew L. Wong, M.D. (R. 185)	53
Exh. 24: Statement of respondent dated January 12, 1981 (R. 186-187)	54
Exh. 25: Functional Assessment dated February 5, 1981 (R. 188)	56
Exh. 28: Letter dated April 15, 1980, from Raymond E. Johnson (R. 192-193)	57
Order allowing certiorari	59

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT

No. 84-4432

JANET J. YUCKERT, PLAINTIFF-APPELLANT

v.

MARGARET M. HECKLER, SECRETARY OF HEALTH
AND HUMAN SERVICES, DEFENDANT-APPELLEE

RELEVANT DOCKET ENTRIES

Date	Filings — Proceedings
	* * * * *
1/3/85	DOCKETED CAUSE AND ENTERED AP — PEARANCES OF COUNSEL.
	* * * * *
3/6/85	Filed aplt's motion to remand.
3/6/85	Filed aplt's motion for ext of time to file brief.
3/11/85	Filed aplee's notice of opportunity for re- mand.
3/20/85	Filed order (MIN ATTY/DEPY CLK, RGK) Appellant's motion of March 6, 1985 for an extension of time is granted. The opening brief, if necessary, shall be filed within 21 days of the ruling on appellant's motion to remand. The remainder of the briefing shall proceed in accordance with Fed. R. App. P. 31(a). Subject to reconsideration if any op- position filed within 10 days.
4/18/85	Filed order (WRIGHT & HUG) Appellant's motion to remand this case is denied.

* * * * *

Date	Filings — Proceedings
8/16/85	Filed aplt's motion to stay proceedings pending resolution of similar cases. (panel)
8/22/85	Filed aplee's response to aplt's motion to stay proceedings; no opposition. (panel)
8/27/85	Filed order (in Seattle), as of Aug. 22, (Dep Clk) motion to stay proceedings is denied. Argument will be heard in Seattle on Sept. 3, 1985, as scheduled.
9/3/85	CAUSE ARGUED & SUBMITTED TO: WRIGHT, PREGERSON, ALARCON, CJJ.
10/8/85	Rec'd, as of Oct. 7, letter dated 10/4/85 from aplee counsel re attached addl. citations. (panel)
10/17/85	Rec'd letter from aplt counsel dated 10/15/85 objecting to aplee's letter dated 10/4/85. (panel)
10/25/85	AS OF 10/24, ORDERED OPINION FILED AND JUDGMENT TO BE FILED AND ENTD.
10/25/85	AS OF 10/24, FILED OPINION—REVERSED & REMANDED.
10/25/85	AS OF 10/24, FILED AND ENTERED JUDGMENT.
11/6/85	Filed mtn & Ord (dpty clk) granting federal aple's an extension of time to and including December 5, 1985, in which to file their petition for rehearing.
12/9/85	Filed as of 12-05-85, appellee's motion for further extension of time to file petition for rehearing or petition for rehearing en banc. (12-05-85) (PANEL)
12/11/85	Filed appellant's opposition to defendant-appellee's motion for further extension of time (PANEL).

Date	Filings — Proceedings
12/12/85	Filed Order (WRIGHT, PREGERSON, and ALARCON, CJJ) aple's motion for an extension of time within which to file a petition for rehearing with suggestion for rehearing en banc is granted. The petition and suggestion may be filed no later than December 19, 1985.
1/9/86	Filed order, as of 1/7/86, (Wright, Pregerson & Alarcon) the Opinion filed in the above matter on October 24, 1985, is amended as follows (see casefile).
1/30/86	MANDATE ISSUED
3/4/86	Rec'd, as of Mar 3, notice from Sp Ct re filing of petition for cert. Filed in Sp Ct 2/21/86, SC #85-1409.
4/21/86	Filed appellant's motion for order requiring compliance with mandate. (04-18-86) (PANEL)
4/23/86	Filed appellee's motion for extension of time to respond to plaintiff/appellant's motion for order requiring compliance with mandate. (04-22-86) (PANEL)
5/2/86	Received as of 04-28-86, appellee's response to motion requiring compliance with mandate (04-25-86) (PANEL).
5/29/86	Rec'd, as of 5/27/86, 4 copies aple's Petition for Writ of Certiorari to the Supreme Court.
5/29/86	Rec'd, as of 5/23/86, copy of order filed in Supreme Court 5/19/86 granting the petition for writ of certiorari.
6/13/86	Filed Order: The motion for order requiring compliance with mandate filed April 21, 1986, is dismissed as moot.

UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF WASHINGTON

No. C82-953M

JANET J. YUCKERT, PLAINTIFF

v.

MARGARET M. HECKLER, SECRETARY OF HEALTH
AND HUMAN SERVICES, DEFENDANT

RELEVANT DOCKET ENTRIES

Date	NR	Proceedings
8/18/82	—	LODGED Mtn & Affd for IFP and Complaint
8/19/82	1	ORDER (PKS) granting IFP.
8/19/82	2	MOTION of pltf to proceed IFP w/affd.
8/19/82	3	COMPLAINT to review & set aside decision under Social Security Act.
8/31/82	4	CERTIFICATE—of service of s/c on Atty Gen in DC and on U.S. Atty in Seattle
11/12/82	6	ANSWER—of deft
11/15/82	7	PRAECIPE—to file the attached administrative record with the answer filed 11-12-82.
3/18/83	10	ORDER OF REF.—Magistrate Weinberg. CC's.
3/23/83	12	MEMORANDUM—of deft.
4/7/83	13	REPLY BRIEF—of pltf
5/9/84	14	REPORT & RECOMMENDATION—of JLW obj by 5-23-84
5/9/84	—	LODGED—order affirming secretary

Date	NR	Proceedings
5/17/84	15	OBJECTIONS—of pltf to R&R 6-1-84
5/24/84	16	MEMORANDUM—of deft in support of R&R
10/24/84	17	ORDER adopting R&R; decision of Secy affirmed. cc: parties, WTM & JLW. entered & mailed 10/25/84
10/25/84	18	JUDGMENT secy affirmed. ent & mld 10/25/84.
12/20/84	19	NOTICE OF APPEAL by pltf from final judgment ent 10/25/84.
4/22/85	23	ORDER—of CCA that appellant's mtn to remand case is denied. (ent 4/22/85)
2/3/86	26	JUDGMENT—from CCA that judgment of district court is reversed & remanded. (ent. & mld 2/3/86)
3/19/86	27	MOTION by pltf for order of remand noted: 4/4/86
3/19/86	—	LODGED order of remand
3/19/86	28	MOTION to sht time noted: 3/21/86
3/19/86	—	LODGED order sht time
3/19/86	29	CERTIFICATE of srvc of documents #27 thru #29
3/20/86	30	ORDER sht time is granted, mtn for order of Remand noted: 3/21/86. ent & mld 3/20/86
3/21/86	30a	RESPONSE by dft to pltf's mtn for Remand
3/25/86	31	MINUTE ORDER pursuant to dfts suggestion that Secty of HHS has filed petition for Writ of Certiorari in Supreme Ct in this cs the Ct will defer action on mtn for remand pending outcome in Supreme Ct. of disp of this matter by Supreme Ct. ent & mld 3/25/86

Date	NR	— Proceedings
4/4/86	32	MOTION by pltf for reconsideration Ct minute order of 3/25/86 & for re- mand noted: 4/25/86
4/4/86	—	LODGED order of remand
4/4/86	33	MOTION to sht time noted: 4/9/86
4/4/86	—	LODGED order sht time
4/4/86	34	CERTIFICATE of srvc of #32 thru #34
4/9/86	35	MINUTE ORDER granting pltfs mtn to sht time to 4/9/86 & mtn for reconsideration is denied. ent & mld 4/9/86
4/9/86	36	OPPOSITION by dft to plfts mtn for reconsideration

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

ORDER OF APPEALS COUNCIL
Receipt of Additional Evidence

In the case of	Claim for
	Period of Disability,
	Disability Insurance
	Benefits, and Supplemental
	Security Income
<u>JANET J. YUCKERT</u>	
(Claimant)	

	<u>531-34-8353</u>
(Wage Earner) (Leave	(Social Security Number)
blank if same as above	

Evidence in addition to that which was before the administrative law judge has been received by the Appeals Council and is hereby made a part of the record. That evidence consists of the following exhibit(s):

- AC-1 Additional professional qualifications of Vocational Expert, Janet Hart Mott
- AC-2 Psychological Testing administered by Janet Hart Mott including actual test forms—WRAT, Wechsler memory scale and adult intelligence (WAIS), Raven Progressive Matrices, and Crawford Small Parts Dexterity Test

APPEALS COUNCIL

Date: 6/24/82

/s/ LAWRENCE WEINER
Lawrence Weiner, Member

BEFORE THE APPEALS COUNCIL OF SOCIAL
SECURITY ADMINISTRATION

No. 531-34-8353

JANET J. YUCKERT

MEMORANDUM IN SUPPORT OF REQUEST FOR REVIEW

INTRODUCTION

Janet J. Yuckert is a 45-year old former travel agent who suffers from a bilateral labyrinthine dysfunction. This causes her significant problems with focusing and re-focusing her eyes, dizziness and equilibrium. She also has problems with her feet. Claimant has requested review by the Appeals Council of the decision rendered on December 22, 1981 by Administrative Law Judge William T. Sode denying social security disability insurance benefits. The application was filed on October 30, 1980 alleging an onset date for disability of January 19, 1980. The hearing before Judge Sode was held on September 9, 1981. The Request for Review was timely filed.

At the hearing claimant testified, along with her sister and vocational expert Janet Hart Mott. She has submitted additional evidence to the Appeals Council in the form of additional professional qualifications for Ms. Mott, as well as a copy of the underlying data from the tests which were administered. All these documents should be admitted pursuant to 20 CFR § 404.970(b).

BASIS FOR REVIEW

The Administrative Law Judge found that claimant was exaggerating the effects of her impairment, that her condition does not significantly limit her ability to perform

basic work-related functions, and is therefore not a severe impairment. Findings 3-6.

Under 20 C.F.R. § 404.970, the Appeals Council is to review a hearing decision where

- (a)(2) There is an error of law;
- (3) The action, findings, or conclusions of the administrative law judge are not supported by substantial evidence.

* * *

- (b) If new and material evidence is submitted with the request for review, the Appeals Council shall review the entire record. It will review the case if it finds that the administrative law judge's action, findings, or conclusion is contrary to the weight of the evidence currently on the record.

The hearing decision should be reviewed, and reversed for the following reasons:

1. There is no support by substantial evidence for the findings that
 - a. Claimant is exaggerating the effects of her impairments. Findings 3.
 - b. The claimant's medical condition does not significantly limit her ability to perform basic work-related functions; therefore she does not have a severe impairment. Findings 4-5.
2. The Administrative Law Judge committed errors of law when
 - a. He failed to consider all the evidence of record.
 - b. He failed to give reasons for rejecting uncontradicted expert opinion.
 - c. He failed to give the appropriate weight to the opinions of claimant's treating physician.

ISSUES WARRANTING REVIEW AND REVERSAL

1. The Findings and Conclusion of No Disability are Not Supported by Substantial Evidence. Substantial Evidence Shows Disability.

Disability is defined at 42 U.S.C. § 423(d)(1)(A). A claimant is under a disability if his

. . . physical or mental impairment or impairments are of such severity that he is not only unable to do his previous work but cannot, considering his age, education, and work experience, engage in any other kind of substantial gainful work which exists in the national economy. . . 42 U.S.C. § 423(d)(2)(A)

At her hearing the claimant testified that she has not been able to work since October, 1979. The principle problem is with her vision, in focusing and re-focusing. She testified she can just see one word at a time. This makes the use of her eyes a tremendous strain. She has problems with dizziness, which has been with her constantly since January, 1980. She has a balance problem where she tends to fall to her right side. She has learned to compensate by holding onto walls, furniture, counters and staying within reach of something she can grab. She suffers extremely severe headaches, currently two or three per week. Previously they were all the time. When she gets such a headache she takes medication and goes to bed. Her condition makes her weak and shakey.

Finally, she has had flat feet since she was a girl. She testified she cannot stand or walk for more than three hours.

Claimant testified concerning the four episodes of her condition which preceded its permanent onset in January, 1980. The episodes began with five days of severe headaches. On the sixth day her equilibrium was completely gone. She could not focus her eyes. She recovered for short periods, but with the exception of one week, she has suffered this condition since October, 1979.

Her activities have been greatly restricted. In 1980 the only time she left her apartment was to go out for the mail (which was one apartment away from hers) or to the doctor. Her sister would also take her to visit her parents. A friend would take her shopping once every two weeks. She was not able to take herself anywhere. During that same year she slept 12 to 15 per night along with a daily nap of 1 to 2 hours.

Now she attempts to attend community college. She testified that in the summer 1980 quarter, for example, she had seven credits. She went to class daily. After class she would take a nap of 2 to 3 hours. She then needed to study 8 to 10 hours—studying 30 minutes and taking a break of 30 minutes—for 8 to 10 hours. She would frequently take a second evening nap.

That summer quarter she was taking approximately half a course load. She testified it takes her much, much longer than the average student to complete her studying. This is because of her lack of stamina, and her vision problem which makes her read so slowly.

She has trouble bending because of her balance problems. She does not cook for herself, because it is too difficult to use both hands and maintain her balance. She has no social life because of her condition. She used to enjoy parties, and sporting events, but no longer. She used to dance a great deal, take long drives and travel extensively overseas. She used to play the piano. She used to sew and knit. She can do none of these now because of her condition. She can only drive very slowly and cautiously. She does not drive except to and from her classes.

She formerly worked as a travel agent. In addition she has some training and worked briefly in real estate sales. She can return to neither of these jobs. As a travel agent she had to be very accurate, for example, in constructing a complicated international fare. She had to do extensive reading of schedules and technical material which were

very fine print. She had to work quickly. She had to work long hours and have a lot of stamina. She has tried to read airline guides and is not able to. She is unable to do real estate sales work for many of the same reasons. In addition she cannot do the necessary driving.

Claimant's sister Mary Yuckert testified concerning claimant's limitations, confirming her testimony. She stated, for example, that claimant "has to exert an extreme amount of pressure on herself to do simple ordinary, everyday tasks." She is not physically able to do anything as rapidly as she used to be able to.

Vocational rehabilitation counsellor Janet Hart Mott also testified concerning vocational evaluation and testing. On the Wechsler Adult Intelligence Scale, the overall score was within the average range; however, of much greater significance was the extremely wide scatter of sub-tests scores. For example, the ability to coordinate and use eyes and hands was at the first percentile. The score on the Wide Range Achievement Test was within the 12th grade-level, although claimant complained of dizziness when keeping her eyes focused on a wide line. The Wechsler Memory Scale indicated many of her abilities were still intact, although she had difficulty remembering verbal instructions and difficulty doing simple arithmetic in her head. The Wraven Progressive Matrices showed that most skills were intact.

Significant were the results of the Crawford Small Parts Dexterity Test, which measures fine eye-hand coordination. Her scores were between the first and fifth percentile, accompanied by dizziness. Ms. Mott reviewed the results of the MMPI administered by Dr. Robert Stephens. The test was not re-administered because of claimant's difficulty focusing and concentrating. The results indicated a probable need for psychiatric evaluation. Claimant is operating under a great deal of stress, trying valiently to stay emotionally intact.

Ms. Mott stated that claimant was extremely cooperative under testing. She stated that "she could not imagine" claimant was malingering. Her manner in taking the tests was very slow and deliberate, using an inordinate amount of time.

Ms. Mott concluded that the time claimant would require to do any job skill would not be competitive. It was not possible for her to return to any employment she had previously engaged in. There are no jobs which exist in significant numbers in the national economy that she can do on a regular and sustained basis. This has been true since January, 1980 and will continue to be true until her condition improves.

In response to questions by the Administrative Law Judge, Ms. Mott stated that claimant compensates for her condition by an extreme amount of studying. The fact that she gets a B in a 7-hour course does not prove she can work. Ms. Mott stated that, if she were not permitted to rest and were required to attend class from 8:00 A.M. to 5:00 P.M., she would not have completed the course.

The Exhibits on file shed additional light. The Statement of Paula Sullivan (Exhibit 27) indicates that claimant was basically house-bound during 1980 because of her condition. She now seems "incredible [sic] nervous and edgy, due to her medical limitations." "Now she walks very slowly and methodically, as if she is afraid of losing her balance, falling down and walking into something."

Ms. Yuckert's treating physician is Matthew L. Wong. He states that "since January, 1980 [she] has been incapacitated . . . I feel that Mrs. Yuckert has labyrinthine dysfunction bilaterally. It is incapacitating and is not controllable with medication at the present time. As this is bilateral, I do not feel that there is any surgical procedure that will be indicated. I feel that Mrs. Yuckert will be disabled for an indefinite period of time to the best of my estimate." (Exhibit 21: 17 October 1980). On another oc-

casion he emphasized that "*since January, 1980 [she] has been incapacitated.*" (Exhibit 21: 7 January 1981) Contrary to the statement on page 3 of the decision, Dr. Wong describes a medical condition.

Finally, claimant's counsellor at the Division of Rehabilitation confirms the incredible effort she is making when she attends school. (Exhibit 28) Raymond E. Johnson notes that her eye problems keep her from taking a "normal" course load of 15 credits. He reiterates her testimony of working for 30 minutes and taking a 30-minute break.

In view of the above there is little support for the Administrative Law Judge's statement that claimant is exaggerating the effects of her impairments or appears to be overemphasizing the effects of her impairments on her ability to perform basic functions. The Administrative Law Judge points to nothing specific in support of this conclusion. The claimant testified thoroughly and honestly. Her testimony was verified by her sister and by vocational testing. It is also supported by Dr. Wong's letters.

Contrary to the statement on page 3 of the decision, claimant's activities have been more than "somewhat reduced." There is no reason to doubt the testimony of claimant and her sister to the effect that claimant's activities are extremely reduced. It is not true that she is "successfully completing a relatively difficult higher education course," in the sense that she is proceeding at about half the normal pace with several times the normal amount of work. It is only because of Ms. Yuckert's tremendous determination that she is able to accomplish anything at community college.

Substantial evidence means that a finding is supported by more than a mere scintilla. It means such relevant evidence as a reasonable mind might accept as adequate to support a conclusion. [cite omitted] In applying the substantial evidence test we are obligated

to look at the record as a whole and not merely at the evidence tending to support a finding. *Walker v. Mathews*, 546 F. 2d 814, 818 (C.A. 9 1976).

... in determining whether there is substantial evidence to support the examiner's finding, a reviewing court must consider both evidence that supports and evidence that detracts from, the examiner's conclusion. We cannot affirm the examiner's conclusions simply by isolating a specific quantum of supporting evidence. *Day v. Weinberger*, 522 F.2d 1156, 1156 (C.A. 9 1975).

An impairment is not severe if it does not significantly limit someone's abilities to do basic work activities, such as seeing, walking, standing, lifting, etc. 20 CFR § 404.1521. There is no evidence of record that contradicts the considerable evidence concerning limitations on claimant's abilities to do basic work activities. In view of the evidence of record substantial evidence supports disability.

2. The Administrative Law Judge Committed Errors of Law.

Janet Hart Mott testified in her capacity as an expert and reached the conclusions set forth above. In addition the conclusions of Dr. Wong are included in the record. These conclusions were uncontradicted. The Administrative Law Judge rejected this uncontradicted expert opinion without giving reasons for so doing.

While such uncontradicted expert opinions on the ultimate issue are not binding on the examiner, 20 C.F.R. § 404.1526, the examiner must, if he rejects them, expressly state clear and convincing reasons for his doing so. *Day v. Weinberger*, 522 F.2d 1156 (C.A. 9 1976); *Walker v. Mathews*, 546 F.2d 814, 818 (C.A. 9, 1976).

The Administrative Law Judge failed to comply with this requirement.

[T]he opinion of a claimant's treating physician is entitled to great weight, for it reflects an expert judgment based on a continuing observation of the patient's condition over a prolonged period of time.

Vitek v. Finch, 438 F.2d 1157, 1160 (C.A. 4 1971).

See also *Stamper v. Harris*, 650 F.2d 108 (C.A. 6 1981) and *Allen v. Weinberger*, 5052 F.2d 781 (C.A. 7 1977). In totally ignoring Dr. Wong's conclusions and opinions concerning both disability and medical condition, the Administrative Law Judge failed to comply with this requirement.

CONCLUSION

The provisions of the Social Security Act are remedial and are to be liberally construed as to favor the disabled worker. *Bastien v. Califano*, 572 F.2d 908 (C.A. 2, 1978); *Davidson v. Gardner*, 370 F.2d 803 (C.A. 6, 1976). There is nothing in the record constituting substantial evidence produced by the Secretary which indicates there is some kind of substantial, gainful employment which exists and which claimant is capable of doing. In fact, substantial evidence supports a finding of disability as defined.

In addition, the Administrative Law Judge committed errors of law when he failed to consider all the evidence of record, failed to give reasons for rejecting uncontradicted expert opinion, and failed to consider the opinion of claimant's treating physician. The Appeals Council should reverse the decision and enter an order of disability. In the alternative, the matter should be remanded for additional proceedings.

DATED: April 5, 1982.

Respectfully submitted,

/s/JAMES A. DOUGLAS

James A. Douglas

Attorney for Claimant

GIBBS, DOUGLAS, THEILER,
YAROSHEFSKY & DRACHLER
1613 Smith Tower
Seattle, WA 98104
(206) 623-0900



DEPARTMENT OF HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION
OFFICE OF HEARINGS AND APPEALS

REQUEST FOR REVIEW OF HEARING DECISION/ORDER

Take or mail original and all copies to your local social security office.

CLAIMANT		(Check One) Initial Entitlement <input type="checkbox"/>	Termination or other Post-Entitlement Action <input type="checkbox"/>
Janet L. Yuckert		19	
WAGE EARNER (Leave blank if same as above)			
SOCIAL SECURITY NUMBER			
531-34-8353			
SPOUSE'S NAME AND SOCIAL SECURITY NUMBER			
(Complete ONLY in Supplemental Security Income Case)			
Type Claim (Check ONE)			
Retirement or Survivors <input type="checkbox"/> (RSI) Only <input type="checkbox"/> (DIWC) Only <input checked="" type="checkbox"/> (DIWW) Only <input type="checkbox"/> (HIA) Only <input type="checkbox"/> (SSAC) With Title II Claim <input type="checkbox"/> (SSBC) With Title II Claim <input type="checkbox"/> (SSDC) With Title II Claim <input type="checkbox"/> (SSDC) Other (Specify)			

I disagree with the action taken on the above claim and request review of such action by the Appeals Council, of the Office of Hearings and Appeals. My reasons for disagreement are:

The ALJ committed errors of law. Substantial evidence supports a finding of disability.

ADDITIONAL EVIDENCE

Any additional evidence which you wish to submit must be either attached to this form or forwarded within 15 days to the Appeals Council at the address shown below. Where the evidence is not submitted within 15 days of this date, or within any extension of time granted by the Appeals Council, the Council will proceed to take its action based on the evidence of record.

Signed by: (Either the claimant or representative should sign - Enter addresses for both)		CLAIMANT'S SIGNATURE	
SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE		<input checked="" type="checkbox"/> ATTORNEY <input type="checkbox"/> NON-ATTORNEY	
James A. Douglas		STREET ADDRESS	
1613 Smith Tower		13725 56th Ave. So. #207	
CITY, STATE, AND ZIP CODE		CITY, STATE, AND ZIP CODE	
Seattle, WA 98104		Seattle, WA 98168	
TELEPHONE NUMBER		TELEPHONE NUMBER	
(206) 623-0900		January 20, 1982	
DATE		Claimant should not fill in below this line	
TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION			

Is this request filed timely? ☐ Yes ☐ No
any pertinent letter, material or information in Social Security Office.

ACKNOWLEDGMENT OF RECEIPT OF REQUEST FOR REVIEW OF HEARING DECISION/ORDER

Request for Review of Hearing Decision/Order in this case was filed on

The APPEALS COUNCIL will notify you of its action on your request.

BY	For The Social Security Administration
(Signature)	
(Title)	
(Street Address)	
(City)	(State)
	(ZIP Code)

Appeals Council
Office of Hearings and Appeals, SSA
P.O. Box 2518
Washington, D.C. 20013

JAN 20 1982

APPEALS COUNCIL - FILE
IN CLAIM FILE

DISABILITY DETERMINATION
AND TRANSMITTAL

1. DESTINATION DOS BDI CRS DIO <input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		2. DDS CODE 191	3. FILING DATE 10/23/80	4. SSN 531-34-8353	90
5. NAME AND ADDRESS OF CLAIMANT Janet J Tuckert Apt D207 13725 56 Ave S Seattle Wa 98168					
9. DATE OF BIRTH 06/08/36	10. PRIOR ACTION <input type="checkbox"/> PD <input type="checkbox"/> PT	11. REMARKS CONCURRENT TITLE II - TITLE III CLAIM - 5-80			
12. DISTRICT BRANCH OFFICE ADDRESS P. O. Box 1037 Renton Wa 98055		13. DATE REPRESENTED 206-242-6694 Joe Arnold 442-0570			
14. DATE 11/04/80		15. TYPE CLAIM (Title II) DIB <input checked="" type="checkbox"/> FZ <input type="checkbox"/> DWB <input type="checkbox"/> CDB-R <input type="checkbox"/> CDB-D <input type="checkbox"/> RD-R <input type="checkbox"/> RD <input type="checkbox"/> P-D <input type="checkbox"/>			
16. TYPE CLAIM (Title XVI) DI <input type="checkbox"/> DS <input type="checkbox"/> DC <input type="checkbox"/> BI <input type="checkbox"/> BS <input type="checkbox"/> BC <input type="checkbox"/>		17. RE-EXAM <input type="checkbox"/> NONE <input type="checkbox"/> (Date)			
18. CLAIMANT DISABLED A <input type="checkbox"/> DISABILITY BEGAN <input type="checkbox"/> DISABILITY CEASED <input type="checkbox"/>					
19. CASE OF BLINDNESS AS DEFINED IN SEC. 1614(a)(2)(16)(i) A <input type="checkbox"/> NOT DISAB FOR CASH BENE PURP. <input type="checkbox"/> DISAB. FOR CASH BENE. PURP. BEG. <input type="checkbox"/>					
20. CLAIMANT NOT DISABLED					

A <input checked="" type="checkbox"/> THROUGH DATE OF CURRENT DETERMINATION		B <input type="checkbox"/> THROUGH		C <input type="checkbox"/> BEFORE AGE 22 (CDB Only)	
21. VOCATIONAL BACKGROUND Travel Agent - Travel Agency		22. OCC. YRS. 15		23. ED. YRS. 14	
24. MED. LIST. NO. G		25. REVISED DET. <input type="checkbox"/>		26. LIST NO.	

27. RATIONALE
-SEE SSA 831 for DIB claim on SSN 531-34-8353-
Public Health Service Hospital report covering 2-28-80 through 11-19-80 - Ex. 22
Robert Pearlman, M.D. report dated 9-18-80 - Ex. 17
Harborview Medical Center report covering 6-17-80 to 9-2-80 - Ex. 18
Marsha Frettwell, M.D. report dated 10-9-80 - Ex. 20
Matthew L. Wong, M.D. report dated 10-17-80 - Ex. 21

☒ SEE ATTACHED SSA-834

BJA:kmb

12-3-80

28. LTR/PAR. NO.		29. DISABILITY PERIOD A <input type="checkbox"/> PERIOD OF DISABILITY B <input type="checkbox"/>	
C <input type="checkbox"/> ESTAB. BEG. AND D <input type="checkbox"/> CONTINUES		E <input type="checkbox"/> TERM	
30. DISABILITY EXAMINER-DOO Bothe Anderson		31. DATE 11/26/80	
32. REVIEW PHYSICIAN-DOO J. Lee		33. DATE 12-2-80	

34. REMARKS

Spec. "any"

EXHIBIT 3 (2pp)

35. BASIS CODE	36. REV. DET. CODES	37. SSA REPRESENTATIVE	38. DATE

EXHIBIT NO. 31-FOUNDER

CONTINUATION SHEET
FOR DISABILITY DETERMINATION

CONTINUATION OF RATIONALE OF SSA-831 OR SSA-833			91
NAME OF CLAIMANT	WE'S NAME (If COB or DWB Claim)	SSN	TYPE OF CLAIM
Janet J. Yuckert		531-34-8352	DIB

Finding of Fact -

The severity of the individual's impairment does not meet or equal that of any impairment described in the Listing of Impairments.

Finding of Fact - Residual Functional Capacity

Medical evidence shows that claimant has a history of dizziness and headaches. Evidence shows that claimant has the ability to hear normal speech. Neurological examination was within normal limits. The evidence shows that claimant had a favorable response to medication. The residual functional capacity to Claimant would have the residual functional capacity to perform work activity involving a reasonable capacity for standing, waking walking, lifting, handling, seeing, hearing, communicating, understanding and following simple instructions.

Finding of Fact - Work Experience

The evidence in the file shows that claimant has worked for 15 years as an agent for a travel agency. This is described by the claimant as sedentary work activity.

Conclusion -

The evidence in the file shows that claimant does have some dizziness and headaches without neurological deficits. She would have the residual functional capacity to perform her customary work activity as a travel agent. Accordingly, she is found not disabled.

(INITIAL AND DATE)			
DISABILITY EXAMINER	DATE	REVIEW PHYSICIAN	DATE
SSA	12-2-80	QOS	12-2-80
Form SSA-831-05 (8-80) (FORMERLY SSA-834)			
PRIOR EDITIONS MAY BE USED UNTIL SUPPLY IS EXHAUSTED 1-FOLDER COPY			

DISABILITY DETERMINATION
AND TRANSMITTAL

1. DESTINATION		2. DDS CODE		3. FILING DATE		4. SSN	
DDS	BOI	CRS	DIO	191	10-23-80	531-34-8353	92
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
5. NAME AND ADDRESS OF CLAIMANT							

Janet J. Yuckert
Apt. D207
13725 56 Ave S
Seattle WA 98168

9. DATE OF BIRTH		10. PRIOR ACTION		11. REMARKS	
6-8-36		<input type="checkbox"/> PD	<input type="checkbox"/> PT	Concurrent Title II XVI Claim	
12. DISTRICT-BRANCH OFFICE ADDRESS				13. DO-BO REPRESENTATIVE	
PO Box 1037 Renton WA 98055				Judith M. Pace	

15. CLAIMANT DISABLED		16. DIAGNOSIS		17. RE-EXAM	
A <input type="checkbox"/> DISABILITY BEGAN		B <input type="checkbox"/> DISABILITY CEASED		<input type="checkbox"/> NONE	
18. CASE OF BLINDNESS AS DEFINED IN SEC. 1614(a)(2)(I)		B <input type="checkbox"/> DISAB. FOR CASH BENE. PURP. BEG.		(Date)	
A <input type="checkbox"/> NOT DISAB. FOR CASH BENE. PURP.					

19. CLAIMANT NOT DISABLED		20. VOCATIONAL BACKGROUND		21. VR ACTION	
A <input checked="" type="checkbox"/> THROUGH DATE OF CURRENT DETERMINATION		B <input type="checkbox"/> THROUGH		C <input type="checkbox"/> BEFORE AGE 22 (CDB Only)	
Travel Agent - Travel Agency					

22. REG.-BASIS CODE	23. MED. LIST. NO.	24. MOB. CODE	25. REVISED DET.	26. LIST NO.
N31-902(b)		G		
27. RATIONALE				

SEE SSA 831 for DIB claim on SSN 531-34-8353 - Ex. 3

28. SEE ATTACHED SSA-834		29. LTR./PAR. NO.		30. DISABILITY EXAMINER-DOE		31. DATE	
BJA:knhg		12-3-80		Robert Anderson		11/26/80	
A <input type="checkbox"/> PERIOD OF DISABILITY		B <input type="checkbox"/> DISABILITY PERIOD		32. REVIEW PHYSICIAN-POS.		33. DATE	
C <input type="checkbox"/> ESTAB. BEG. AND		D <input type="checkbox"/> CONTINUES		Jenny		12-2-80	
E <input type="checkbox"/> TERMINAL							
34. REMARKS							
EXHIBIT 4							

35. BASIS CODE	36. REV DET. CODES	37. SSA REPRESENTATIVE	SECTION	38. DATE



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved
TOE 710 OMB No. 72-R0552

REQUEST FOR RECONSIDERATION

(Do not write in this space)

NAME OF CLAIMANT

Janet Yuckert

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON (If different from claimant)

SOCIAL SECURITY CLAIM NUMBER

531-34-8353

SUPPLEMENTAL SECURITY INCOME CLAIM NUMBER

531-34-8353

SPOUSE'S NAME AND SOCIAL SECURITY NUMBER (Complete ONLY in Supplemental Security Income Case)

CLAIM FOR (Specify type, e.g., retirement, disability, hospital insurance, supplemental security income, etc.) *disability - 551/55A*

I do not agree with the determination made on the above claim and request reconsideration.

My reasons are:

I do not feel that I am able to work. I cannot even safely drive my car. I cannot read because of the focus problem

NOTE: If the notice of the determination on your claim is dated more than 65 days ago, include your reason for not making this request earlier. Include the date on which you received the notice of the determination.

I am submitting the following additional evidence (If none, write "None,"): *1/10/81 letter for SSDI*

My statement

Signature (First name, middle initial, last name) (Write in ink)

SIGN
HERE

Janet G. Yuckert

Date (Month, day, year)

1/13/81

Telephone Number

243-6694

Mailing Address (Number and street, Apt. No., P.O. Box, or Rural Route)

Apartment 13 735 St - ALA 3

City and State

Mobile AL

ZIP Code

36688

Enter Name of County (if any) in which you now live

Mobile

Witnesses are required ONLY if this request has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person requesting reconsideration must sign below, giving their full address.

1. Signature of Witness

2. Signature of Witness

Address (Number and street, City, State, ZIP Code)

Address (Number and street, City, State, ZIP Code)

FOR SOCIAL SECURITY OFFICE USE ONLY

SOCIAL SECURITY OFFICE ADDRESS

EXHIBIT, 5

ROUTING INSTRUCTIONS (Check one)

☐ State Agency (Route with disability folder)

☐ Program Service Center

☐ BDI, Balto.

☐ District Office Reconsideration

☐ Division of International Operations, Balto.

☐ BDP, Attn: ACB, Balto.

FORM SSA-561-U2 (11-77) (FORMERLY SSA-561)

PRIOR EDITIONS MAY BE USED UNTIL SUPPLY IS EXHAUSTED

NOTE: Take or mail completed copies

to your local Social Security Office

EXHIBIT 5

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

DISABILITY DETERMINATION
AND TRANSMITTAL

1. DESTINATION
DSS ☐ BOI ☐ CAS ☐ DIO ☐
2. DSS CODE 500 3. FILING DATE 10/23/80 4. SSN 531-34-8353 94

5. NAME AND ADDRESS OF CLAIMANT

Janet J. Yuckert
Apt. D207
13725 56 Ave S
Seattle WA 98168

6. WES NAME (If CDB or DWB Claim)

7. TYPE CLAIM (Title II)
DIB ☐ FZ ☐ DWB ☐ CDB-R ☐ CDB-O ☐ RD-R ☐ RD-O ☐ RD ☐ P-R ☐
8. TYPE CLAIM (Title XVI)
DI ☐ DS ☐ DC ☐ BL ☐ BS ☐ BC ☐

9. DATE OF BIRTH 06/08/36 10. PRIOR ACTION ☒ PD ☐ PT
11. REMARKS
Recon claim filed 01/13/81
Concurrent Title II/Title XVI Claims

12. DISTRICT-BRANCH OFFICE ADDRESS
P O Box 1037
Renton WA 98055
13. DO-BO REPRESENTATIVE 191 14. DATE

15. CLAIMANT DISABLED
A ☐ DISABILITY BEGAN ☐ DISABILITY CEASED
16. DIAGNOSIS
Labyrinthine disorder

17. RE-EXAM ☐ NONE ☐ (Date)
18. CASE OF BLINDNESS AS DEFINED IN SEC. 1614(a)(2)(19)(i)
A ☐ NOT DISAB. FOR CASH BENE. PURP. B ☐ DISAB. FOR CASH BENE. PURP. BEG.

19. CLAIMANT NOT DISABLED
A ☒ THROUGH DATE OF CURRENT DETERMINATION B ☐ THROUGH C ☐ BEFORE AGE 22 (CDB Only)
20. VOCATIONAL BACKGROUND
OCC. YRS. 15 ED. YRS. 14 21. VR ACTION SC. IN ☐ SC. OUT ☒ A ☐ B ☒ C ☐ PREV. REF. C ☐

22. HEG-BASIS CODE H1-1502(b) 23. MED. LIST. NO. G 24. MOB. CODE G 25. REVISED DET. ☒ 26. LIST NO.
27. RATIONALE

The statement of evidence in the determination of 12/03/80, except as modified herein, is hereby incorporated by reference but not the inferences, findings, or conclusions thereon.
Matthew L. Wong, MD report of 01/07/81 - Ex. 23
Division of Vocational Rehabilitation, medical & social information of 02/26/80 - 12/03/80 - Ex. 19
1/28/81

☒ SEE ATTACHED SSA-834 LL:eh 28 LTR/PAR. NO.

A ☐ PERIOD OF DISABILITY B ☐ DISABILITY PERIOD
C ☐ ESTAB. BEG. AND D ☐ CONTINUES
E ☐ TERM

30. DISABILITY EXAMINER-DOS 31. DATE 2/23/81
32. REVIEW PHYSICIAN-DOS 33. DATE 1/26/81

34. REMARKS
Recon Affirmation

EXHIBIT 6 (2pp)
DOS
GANE

35. BASIS CODE H1 36. REV DET CODES D-4 37. SSA REPRESENTATIVE Davis
38. DATE 2/6/81

CONTINUATION SHEET
FOR DISABILITY DETERMINATION

CONTINUATION OF RATIONALE OF SSA-831 OR SSA-833			95
NAME OF CLAIMANT	WE'S NAME (If CDB or DWB Claim)	SSN	TYPE OF CLAIM
Janet J. Yuckert		531-34-8352	DIB

A finding of fact: The severity of the individual's impairment(s) does not meet or equal that of any impairment described in the Listing of Impairments.

Finding of Fact-RFC

Medical evidence shows that claimant has a history of dizziness and headaches: Evidence shows that claimant has the ability to hear normal speech. Neurological examination was within normal limits. The evidence shows that claimant had a favorable response to medication. Claimant would have the residual functional capacity to perform work activity involving a reasonable capacity for standing, walking, lifting, handling, seeing, hearing, communicating, understanding and following simple instructions.

Finding of Fact-Work Experience

The evidence in the file shows that claimant has worked for 15 years as an agent for a travel agency. This is described by the claimant as a sedentary work activity.

Conclusion

The evidence in the file shows that claimant does have some dizziness and headache without neurological deficits. She would have the residual functional capacity to perform her customary work activity as a travel agent. Accordingly, she is found not disabled.

(INITIAL AND DATE)

DISABILITY EXAMINER DOCS	DATE	REVIEW COMMENTS AND DOCS	DATE	DISABILITY EXAMINER SIGN	DATE
JS	1/23/81	JS	1/24/81	JS	2/4/81

DISABILITY DETERMINATION AND TRANSMITTAL

1. DESTINATION DOS BDI CRS DIO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		2. DOS CODE 500		3. FILING DATE 10/23/80		4. SSN 531-34-8353		96	
5. NAME AND ADDRESS OF CLAIMANT Janet J. Yuckert Apt. D207 13725 56 Ave S Seattle WA 98168						6. WE'S NAME (If CDB or DWB Claim) 7. TYPE CLAIM (Title II) DIB <input type="checkbox"/> FZ <input type="checkbox"/> DWS <input type="checkbox"/> CDB-A <input type="checkbox"/> CDB-O <input type="checkbox"/> RD-R <input type="checkbox"/> RD-O <input type="checkbox"/> P-O <input type="checkbox"/> 8. TYPE CLAIM (Title XVI) DI <input type="checkbox"/> DS <input type="checkbox"/> DC <input type="checkbox"/> BL <input type="checkbox"/> BS <input type="checkbox"/> BC <input type="checkbox"/>			
9. DATE OF BIRTH 06/08/36		10. PRIOR ACTION <input checked="" type="checkbox"/> PO <input type="checkbox"/> PT		11. REMARKS Recon Affil Claim filed 1/13/81 Concurrent Title II/Title XVI Claims					
12. DISTRICT-BRANCH OFFICE ADDRESS P O Box 1037 Renton WA 98055				13. DO-BO REPRESENTATIVE 191		14. DATE			
15. CLAIMANT DISABLED A <input type="checkbox"/> DISABILITY BEGAN <input type="checkbox"/> DISABILITY CEASED <input type="checkbox"/> 18. CASE OF BLINDNESS AS DEFINED IN SEC. 1614(a)(2)/216(i) A <input type="checkbox"/> NOT DISAB. FOR CASH BENE. PURP. B <input type="checkbox"/> DISAB. FOR CASH BENE. PURP. BEG. <input type="checkbox"/> 19. CLAIMANT NOT DISABLED						16. DIAGNOSIS Labyrinthine disorder			
17. RE-EXAM A <input type="checkbox"/> THROUGH DATE OF CURRENT DETERMINATION B <input type="checkbox"/> THROUGH C <input type="checkbox"/> BEFORE AGE 22 (CDB ONLY) 20. VOCATIONAL BACKGROUND Travel Agent-Travel Agency						21. VR ACTION OCC. YRS. 15 ED. YRS. 14		22. LIST NO. 1	
23. REG-BASIS CODE N31-902(b)		24. MED. LIST. NO. G		25. REVISED DET. <input checked="" type="checkbox"/>		26. LIST NO. 1			
27. RATIONALE See SSA-831 for DIB Recon claim on SSN 531-34-8353.						28. LTR/PAR. NO. 812 153 841			
29. SEE ATTACHED SSA-834 LL:eh						30. DISABILITY EXAMINER-DOS 812 153 841			
31. PERIOD OF DISABILITY A <input type="checkbox"/> PERIOD OF DISABILITY B <input type="checkbox"/> DISABILITY PERIOD C <input type="checkbox"/> ESTAB. BEG. AND D <input type="checkbox"/> CONTINUES E <input type="checkbox"/> TERM.						32. REVIEW PARTICIPANT-DOS 1/23/81			
33. BASIS CODE N31						34. REV. DET. CODES D - 4		35. SSA REPRESENTATIVE Dawson	
36. REV. DET. CODES D - 4						37. SSA REPRESENTATIVE Dawson		38. DATE 2/6/81	
39. BASIS CODE N31						40. REV. DET. CODES D - 4		41. SSA REPRESENTATIVE Dawson	
42. BASIS CODE N31						43. REV. DET. CODES D - 4		44. SSA REPRESENTATIVE Dawson	
45. BASIS CODE N31						46. REV. DET. CODES D - 4		47. SSA REPRESENTATIVE Dawson	
48. BASIS CODE N31						49. REV. DET. CODES D - 4		50. SSA REPRESENTATIVE Dawson	
49. BASIS CODE N31						50. REV. DET. CODES D - 4		51. SSA REPRESENTATIVE Dawson	
50. BASIS CODE N31						51. REV. DET. CODES D - 4		52. SSA REPRESENTATIVE Dawson	
51. BASIS CODE N31						52. REV. DET. CODES D - 4		53. SSA REPRESENTATIVE Dawson	
52. BASIS CODE N31						53. REV. DET. CODES D - 4		54. SSA REPRESENTATIVE Dawson	
53. BASIS CODE N31						54. REV. DET. CODES D - 4		55. SSA REPRESENTATIVE Dawson	
54. BASIS CODE N31						55. REV. DET. CODES D - 4		56. SSA REPRESENTATIVE Dawson	
55. BASIS CODE N31						56. REV. DET. CODES D - 4		57. SSA REPRESENTATIVE Dawson	
56. BASIS CODE N31						57. REV. DET. CODES D - 4		58. SSA REPRESENTATIVE Dawson	
57. BASIS CODE N31						58. REV. DET. CODES D - 4		59. SSA REPRESENTATIVE Dawson	
58. BASIS CODE N31						59. REV. DET. CODES D - 4		60. SSA REPRESENTATIVE Dawson	
59. BASIS CODE N31						60. REV. DET. CODES D - 4		61. SSA REPRESENTATIVE Dawson	
60. BASIS CODE N31						61. REV. DET. CODES D - 4		62. SSA REPRESENTATIVE Dawson	
61. BASIS CODE N31						62. REV. DET. CODES D - 4		63. SSA REPRESENTATIVE Dawson	
62. BASIS CODE N31						63. REV. DET. CODES D - 4		64. SSA REPRESENTATIVE Dawson	
63. BASIS CODE N31						64. REV. DET. CODES D - 4		65. SSA REPRESENTATIVE Dawson	
64. BASIS CODE N31						65. REV. DET. CODES D - 4		66. SSA REPRESENTATIVE Dawson	
65. BASIS CODE N31						66. REV. DET. CODES D - 4		67. SSA REPRESENTATIVE Dawson	
66. BASIS CODE N31						67. REV. DET. CODES D - 4		68. SSA REPRESENTATIVE Dawson	
67. BASIS CODE N31						68. REV. DET. CODES D - 4		69. SSA REPRESENTATIVE Dawson	
68. BASIS CODE N31						69. REV. DET. CODES D - 4		70. SSA REPRESENTATIVE Dawson	
69. BASIS CODE N31						70. REV. DET. CODES D - 4		71. SSA REPRESENTATIVE Dawson	
70. BASIS CODE N31						71. REV. DET. CODES D - 4		72. SSA REPRESENTATIVE Dawson	
71. BASIS CODE N31						72. REV. DET. CODES D - 4		73. SSA REPRESENTATIVE Dawson	
72. BASIS CODE N31						73. REV. DET. CODES D - 4		74. SSA REPRESENTATIVE Dawson	
73. BASIS CODE N31						74. REV. DET. CODES D - 4		75. SSA REPRESENTATIVE Dawson	
74. BASIS CODE N31						75. REV. DET. CODES D - 4		76. SSA REPRESENTATIVE Dawson	
75. BASIS CODE N31						76. REV. DET. CODES D - 4		77. SSA REPRESENTATIVE Dawson	
76. BASIS CODE N31						77. REV. DET. CODES D - 4		78. SSA REPRESENTATIVE Dawson	
77. BASIS CODE N31						78. REV. DET. CODES D - 4		79. SSA REPRESENTATIVE Dawson	
78. BASIS CODE N31						79. REV. DET. CODES D - 4		80. SSA REPRESENTATIVE Dawson	
79. BASIS CODE N31						80. REV. DET. CODES D - 4		81. SSA REPRESENTATIVE Dawson	
80. BASIS CODE N31						81. REV. DET. CODES D - 4		82. SSA REPRESENTATIVE Dawson	
81. BASIS CODE N31						82. REV. DET. CODES D - 4		83. SSA REPRESENTATIVE Dawson	
82. BASIS CODE N31						83. REV. DET. CODES D - 4		84. SSA REPRESENTATIVE Dawson	
83. BASIS CODE N31						84. REV. DET. CODES D - 4		85. SSA REPRESENTATIVE Dawson	
84. BASIS CODE N31						85. REV. DET. CODES D - 4		86. SSA REPRESENTATIVE Dawson	
85. BASIS CODE N31						86. REV. DET. CODES D - 4		87. SSA REPRESENTATIVE Dawson	
86. BASIS CODE N31						87. REV. DET. CODES D - 4		88. SSA REPRESENTATIVE Dawson	
87. BASIS CODE N31						88. REV. DET. CODES D - 4		89. SSA REPRESENTATIVE Dawson	
88. BASIS CODE N31						89. REV. DET. CODES D - 4		90. SSA REPRESENTATIVE Dawson	
89									

EXHIBIT 7 (200) DDS QAMC

Recon Affirmation

35. BASIS CODE N31	36. REV. DET. CODES D - 4	37. SSA REPRESENTATIVE Dolan	SECTION DAB.	38. DATE 2/6/8
-----------------------	------------------------------	---------------------------------	-----------------	-------------------

FORM SSA-831 U5 (5-78) (FORMERLY SSA-831)
PRIOR EDITIONS MAY BE USED UNTIL SUPPLY IS EXHAUSTED

1 - FORMERLY EXHAUSTED
EXHIBIT NO. 7 (2222)

FORM SSA-831 U5 (5-78) (FORMERLY SSA-831)
PRIOR EDITIONS MAY BE USED UNTIL SUPPLY

Supplemental Security Income Notice of Reconsideration

98

From Department of Health, Education, and Welfare
Social Security Administration

Janet J. Yuckert
Apt. D207
13725 56th Ave. S.
Seattle, Wa. 98168

Date: FEB 10 1981

Social Security Number:
531-34-8353

Reconsideration Filed: 1/13/81

26

As you requested, your claim for supplemental security income checks has been thoroughly reexamined.

To get supplemental security income disability payments, you must be unable to do any substantial gainful work because of a medical condition which has lasted or will last at least 12 months in row. Your age, education, training and past work experience are also considered in this decision.

We have just finished another careful review of your case. We looked again at all your medical records and considered everything you told us about your condition. The evidence in your case shows you still do not meet the disability requirements of the law. Because of this, supplemental security income payments cannot be sent to you.

Although you are not eligible for Supplemental Security Income payments, you may be eligible for medical assistance (Medicaid). If you have any questions about eligibility for Medicaid or need medical assistance, you should get in touch with the local office of the Department of Social and Health Services.

This decision refers only to your claim for Supplemental Security Income payments. Any decision about your benefits under the Social Security Disability Insurance program will be sent to you in a separate notice.

28

EXHIBIT NO. 8 (2pp)

Important: See other side for an explanation of your appeal rights and other information

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

REQUEST FOR HEARING

Renton, Washington

MAR 25 1981

Take or Mail original and all copies to your local Social Security Office.

CLAIMANT <u>Janet J. Yuckert</u>	(Check One) Initial Entitlement <input checked="" type="checkbox"/> SSA BR	Termination or other Post-Entitlement Action <input type="checkbox"/>
WAGE/EARNER (Leave blank if same as above)	Type Claim (Check ONE) 100	
SOCIAL SECURITY NUMBER 531-34-8353	Retirement or Survivors <input type="checkbox"/> Only (RSI) Disability, Worker or Child <input type="checkbox"/> Only (DIWC) Disability, Widow or Widower <input type="checkbox"/> Only (DIWW) SSI, Aged <input type="checkbox"/> Only (SSIA) SSI, Blind <input type="checkbox"/> Only (SSIB) SSI, Disability-Only <input checked="" type="checkbox"/> (SSID) Other (Specify) _____	
SPOUSE'S NAME AND SOCIAL SECURITY NUMBER (Complete ONLY in Supplemental Security Income Case)	With Title II Claim <input type="checkbox"/> (SSAC) With Title II Claim <input type="checkbox"/> (SSBC) With Title II Claim <input checked="" type="checkbox"/> (SSDC)	

I disagree with the determination made on the above claim and request a hearing. My reasons for disagreement are:

my disability is sever enough that I can't work

APR 8 1981
SEATTLE OHA

Check one of the following:

- ☒ I have additional evidence to submit (Attach such evidence to this form or forward to the Social Security Office within 10 days.)
- ☐ I have no additional evidence to submit.

☒ I wish to appear in person.

☐ I do not wish to appear at a hearing. I request that a decision be made on the basis of the evidence in my case.

Signed by: (Either the claimant or representative should sign. Enter addresses for both. If claimant's representative is not an attorney, complete Form SSA-1696.)

SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE	CLAIMANT'S SIGNATURE
<input checked="" type="checkbox"/> ATTORNEY <input type="checkbox"/> NON ATTORNEY	<u>Janet J. Yuckert</u>
ADDRESS	<u>13725 - 56th Ave S. D207</u>
CITY, STATE, AND ZIP CODE	<u>Seattle WA 98168</u>
TELEPHONE NUMBER	DATE <u>3/17/81</u>
	(Claimant should not fill in below this line)
	TELEPHONE NUMBER <u>206-242-6694</u>

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

Is this request timely filed? ☒ YES ☐ NO

If "No" is checked: (1) Attach claimant's explanation for delay, (2) Attach any pertinent letter, material, or information in the Social Security Office.

Interpreter Needed _____ (Language)

ACKNOWLEDGMENT OF REQUEST FOR HEARING

This request for hearing was filed on 3/25/81 at Renton WA
The Administrative Law Judge will notify you of the time and place of the hearing at least 10 days in advance of the hearing.

HEARING OFFICE COPY	TO: <input checked="" type="checkbox"/> Hearing Office <u>Seattle WA</u> (Location)
CLAIM FILE COPY	<input type="checkbox"/> Supplemental Security Income File Attached
	TO: <input type="checkbox"/> Hearing Office
	Claim File(s) Requested by Teletype to _____ (Location)
	<input type="checkbox"/> ACB (BDP)

For the Social Security Administration:

By: <u>M. L. Linnell</u> (Signature)	EXHIBIT 9 (3pp)
(Title) <u>Bx 1037</u>	
(Street Address) <u>Renton WA 98057</u>	
(City, State, and Zip Code)	
Servicing Social Security Office Code <u>191</u>	

CLAIMANT'S STATEMENT WHEN REQUEST FOR HEARING IS FILED AND THE ISSUE IS DISABILITY

PLEASE READ PRIVACY/ACT STATEMENT ON REVERSE: Print, type, or write clearly and answer all questions to the best of your ability. (If you are filing on behalf of someone else, also answer all questions to the best of your ability.) Complete answers will aid in processing the claim. IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE STATEMENT TO THIS FORM.

CLAIMANT'S NAME

JANET J YUCKERT

APR 2 1983

SOCIAL SECURITY

NUMBER

531-34-8353

SSA BRANCH OFFICE

Yes ☒ No ☐

Have you worked since 3-10-81, the date your request for reconsideration was filed? (If yes, describe the nature and extent of work.)

2. Has there been any change in your condition since the above date?

(If yes, describe the change.) VISION HAS BECOME WORSE ACCORDING TO EYE EXAMINATION ON 3/19 BY DR. GOFMAN. DIZZINESS INTENSIFIED.

Yes ☒ No ☐

3. Have your daily activities changed since the above date?

Yes ☐ No ☒

4. Have you been treated or examined by a doctor (other than as a patient in a hospital) since the above date? (If yes, complete the following.)

NAME AND ADDRESS OF DOCTOR(S)

DATE OF EXAM

MEDICAL PROBLEM

DR. JOHN GOFMAN - EYE CLINIC

3-19-81

EYE EXAMINATION DUE TO FOCUS - REFRACTION PROBLEMS WITH VISION

5. Have you been a patient in a hospital since the above date? (If yes, complete the following.)

NAME AND ADDRESS OF HOSPITAL(S)

DATE OF HOSPITALIZATION

MEDICAL PROBLEM

6. Are there community agencies that have medical or vocational records that you did not tell about before? (If yes, list the agencies or employers who have such records.)

Yes ☐ No ☒

7. Are you now taking any prescription drugs or medications? (If yes, list them below.)

NAME OF MEDICATION(S)

DOSAGE BEING TAKEN

NAME OF PHYSICIAN(S)

PREMARIN (EVERY OTHER DAY - 1 THRU 25TH DAY)

0.3 MG

DR. MICHAEL SMITH

PROVERA (1 PER DAY - 16 THRU 25TH DAY)

10 MG

DR. MICHAEL SMITH

8. Are you now taking any nonprescription drugs or medications?

(If yes, list them below.)

Yes ☒ No ☐

NAME OF MEDICATION(S)

DOSAGE BEING TAKEN

EYE DROPS (LIQUID TEARS, VISINE, MURINE)

AS NEEDED TO CLEAR EYES

EXCEDRIN OR TYLENOL EXTRA STRENGTH

AS NEEDED FOR HEADACHES

Knowing that anyone making a false statement or representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law, I certify that the above statements are true.

SIGNATURE OF CLAIMANT OR PERSON FILING ON THE CLAIMANT'S BEHALF

DATE SIGNED

SIGN HERE

Janet J. Yuckert

3-31-81

Form HA-4486 (9-80)

Prior editions may be used until supply is exhausted



VOCATIONAL REPORT

120

This report supplements the Disability Report (Form SSA-3368) by requesting additional information about your past work experience. PLEASE PRINT, TYPE, OR WRITE CLEARLY AND ANSWER ALL ITEMS TO THE BEST OF YOUR ABILITY. If you are filing on behalf of someone else, enter his or her name and social security number in the space provided and answer all questions. COMPLETE ANSWERS WILL AID IN PROCESSING THE CLAIM.

Privacy Act Notice: The information requested on this form is authorized by Title 20 CFR 404.1523 and Title 20 CFR 416.923. The information provided will be used to further document your claim. Information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your claim. Information you furnish on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to social security programs and to comply with Federal laws requiring the exchange of information between Social Security and another agency.

A. Name of Claimant JANET J VUCKERT	B. Social Security Number 531-34-8353	C. Telephone number where you can be reached: 242-6694
--	--	---

PART I — INFORMATION ABOUT YOUR WORK HISTORY

1. List the job or jobs you have had in the last 15 years before you stopped working. (If you have a 6th grade education or less, AND performed only heavy unskilled labor for 35 years or more, list the job or jobs you have had since you began to work. If you need more space, use Part III.)

JOB TITLE (Be sure to begin with your usual job)	TYPE OF BUSINESS	DATES WORKED (Month and Year)		DAYS PER WEEK	RATE OF PAY (Per hour, day, week, month or year)
		FROM	TO		
1. <i>Residential Sales Agent</i>	<i>Residential Sales</i>	<i>9/78</i>	<i>9/79</i>	<i>varied</i>	<i>—</i>
2. <i>only one job</i>					
3. <i>Travel Agent</i>	<i>Travel Agency</i>	<i>1962</i>	<i>7/1977</i>	<i>5</i>	<i>750/mo.</i>
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

EXHIBIT 14 (3 pp)

PART II - INFORMATION ABOUT YOUR JOB DUTIES

2. Provide the following information (on pages 2-5) for each of the jobs listed in Part I starting with your usual job. Note: if you listed just one job in Part I, complete only page 2.

Job Title (from Part I):

Travel Agent

121

A. In your job did you:	Yes	No
• Use machines, tools, or equipment of any kind?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Use technical knowledge or skills?	<input type="checkbox"/>	<input type="checkbox"/>
• Do any writing, complete reports, or perform similar duties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Have supervisory responsibilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Describe your basic duties (explain what you did and how you did it) below. Also, explain all "Yes" answers by giving a FULL DESCRIPTION of: the types of machines, tools, or equipment you used and the exact operation you performed; the technical knowledge or skills involved; the type of writing you did, and the nature of any reports; and the number of people you supervised and the extent of your supervision.

Tools - typewriters, adding machine, calculator, ^{signed} office equipment

Learn how to read airline guide - ^{+ rail} computer airfares with air tariffs

duties - ^{+ write airline tickets} put together trips for clients
advising clients on travel of others

Some instructing was necessary on my job

traveled and wrote reports on hotels + tour operators + tourist facilities in the specific assigned areas

C. Describe the kind and amount of physical activity this job involved during a typical day in terms of:

- Walking (circle the number of hours a day spent walking) - 0 1 (2) 3 4 5 6 7 8
- Standing (circle the number of hours a day spent standing) - 0 1 2 3 4 5 6 7 8
- Sitting (circle the number of hours a day spent sitting) - 0 1 2 3 4 (5) 6 7 8
- Bending (circle how often a day you had to bend) - Never - Occasionally - Frequently - Constantly
- Reaching (circle how often a day you had to reach) - Never - Occasionally - Frequently - Constantly
- Lifting and Carrying: Describe below what kind of objects or material was lifted, how much it weighed, how many times a day you lifted this material, and how far you carried it:

none to speak of - just lighty books

PART III — REMARKS

Use this section for any other information you may want to give about your work history, or to provide any other remarks you may want to make to support your disability claim:

122

(If you need more space, use separate sheets of paper.)

Knowing that anyone making a false statement or representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law, I certify that the above statements are true.

NAME (SIGNATURE OF CLAIMANT OR PERSON FILING ON THE CLAIMANT'S BEHALF)

SIGN
HERE

Janet G. Yuckert

DATE

10/23/80

Do not write below this line

SSA-3369 TAKEN BY

☒ PERSONAL INTERVIEW

☐ TELEPHONE ☐ MAIL

FORM SUPPLEMENTED: ☐ YES ☒ NO

If "Yes," by

☐ PERSONAL INTERVIEW ☐ TELEPHONE ☐ MAIL

SIGNATURE OF INTERVIEWER OR REVIEWER

Quelened

TITLE (also check office)

CR ☐ DDS ☐ DO ☒ BO

DATE

10/23/80



For SSA Use Only - Do NOT Complete This Item.

Name of Wage Earner <i>Paul Yuchet</i>	Social Security Number 123
Name of Claimant	Social Security Number <i>531-34-8353</i>
Type of Claim:	
Title II — <input type="checkbox"/> Freeze <input checked="" type="checkbox"/> DUB <input type="checkbox"/> DWB <input type="checkbox"/> CDB	Title XVI — <input checked="" type="checkbox"/> Disability <input type="checkbox"/> Blind <input type="checkbox"/> Child

RECONSIDERATION DISABILITY REPORT

PLEASE PRINT, TYPE, OR WRITE CLEARLY AND ANSWER ALL ITEMS TO THE BEST OF YOUR ABILITY. If you are filing on behalf of someone else, answer all questions. COMPLETE ANSWERS WILL AID IN PROCESSING THE CLAIM.

Privacy Act Notice: The information requested on this form is authorized by Title 20 CFR 404.1523 and Title 20 CFR 416.923. The information provided will be used to further document your claim. Information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your claim. Information you furnish on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to social security programs and to comply with Federal laws requiring the exchange of information between the Social Security Administration and another agency.

PART I — INFORMATION ABOUT YOUR CONDITION

1. Has there been any change (for better or worse) in your illness or injury since you filed your claim? ☒ Yes ☐ No
If "Yes," describe any changes in your symptoms. *I do not feel I can*

fully operate a vehicle.

2. Describe any physical or mental limitations you have as a result of your condition.

See above

3. Have any restrictions been placed on you by a physician? ☒ Yes ☐ No
If "Yes," give name, address, and telephone number of the physician and show what kinds of restrictions have been imposed.

4. Do you have any additional illness or injury that isn't recorded in the file? ☐ Yes ☒ No
If "Yes," describe the kind of illness or injury and the date that it occurred.

EXHIBIT 15 (6pp)

PART II — INFORMATION ABOUT YOUR MEDICAL RECORDS

5. Have you seen any physician since you filed your claim? ☒ Yes ☐ No
If "Yes," provide the following about the physician you last visited:

NAME Marlowe H. Hines ADDRESS (Include ZIP Code) Subur Health Serv
AREA CODE AND TELEPHONE NUMBER 124

HOW OFTEN DO YOU SEE THIS PHYSICIAN 12/80

REASONS FOR VISITS Longed for wife from him

Re the denial of my death.

TYPE OF TREATMENT RECEIVED (Include drugs, surgery, tests)

6. Have you seen any other physician since you filed your claim? ☐ Yes ☒ No
If "Yes," show the following:

NAME ADDRESS (Include ZIP Code)

AREA CODE AND TELEPHONE NUMBER

HOW OFTEN DO YOU SEE THIS PHYSICIAN

REASONS FOR VISITS

TYPE OF TREATMENT RECEIVED (Include drugs, surgery, tests)

If you have seen other physicians since you filed your claim, list their names, addresses, dates and reasons for visits in Part V.

7. Have you been hospitalized, or treated at a clinic or confined in a nursing home or extended care facility for your illness or injury since you filed your claim? ☐ Yes ☒ No
If "Yes," show the following:

NAME OF FACILITY ADDRESS OF AGENCY (Include ZIP Code)

PATIENT OR CLINIC NUMBER

WERE YOU AN INPATIENT? (Stayed at least overnight)

☐ Yes ☐ No IF "YES," SHOW

WERE YOU AN OUTPATIENT?

☐ Yes ☐ No IF "YES," SHOW

REASON FOR HOSPITALIZATION, CLINIC VISITS, OR CONFINEMENT

TYPE OF TREATMENT RECEIVED (Include drugs, surgery, tests)

If you have been in other hospitals, clinics, nursing homes, or extended care facilities for your illness or injury, list the names, addresses, patient or clinic numbers, dates and reasons for hospitalization, clinic visits, or confinement in Part V.

8. Have you been seen by other agencies for your injury or illness? ☒ Yes ☐ No
(VA, Workmen's Compensation, Vocational Rehabilitation, Welfare, Special Schools, Unions, etc.)
If "Yes," show the following:

NAME OF AGENCY ADDRESS OF AGENCY (Including ZIP Code)

YOUR CLAIM NUMBER

DATES OF VISITS

TYPE OF TREATMENT OR EXAMINATION RECEIVED (Include drugs, surgery, tests)

Author - am attending Highline - take 4 classes

If more space is needed, list the other agencies, their addresses, your claim numbers, dates, and treatment received in Part V.

PART III — INFORMATION ABOUT WORK

9. Have you worked since you filed your claim? ☐ Yes ☒ No

If "Yes," you will be asked to give details on a separate form.

125

PART IV — INFORMATION ABOUT YOUR ACTIVITIES

10. How does your illness or injury affect your ability to care for your personal needs?

I am unable to drive my car. I can't read. Can take care of personal needs. However I must have help to cook, clean, shop etc. as my balance is so bad.

11. What changes have occurred in your daily activities since you filed your claim? (If none, show, "None")

I began seeing therapist. I feel the first part of this month. I am taking out stress mgmt. Algebra data processing for a total of 12 hrs. I am having problems with the reading & have fallen behind.

PART V — REMARKS AND AUTHORIZATIONS

12.(a) READ CAREFULLY: I authorize the Social Security Administration to release information from my records, as necessary to process my claim, as follows:

Copies of my medical records may be furnished to a physician or a medical institution for background information if it is necessary for me to have a medical examination by that physician or medical institution. The results of any such examination may be given to my personal physician.

Information from my records may also be furnished, if necessary, to any company providing clerical and administrative services for the purposes of transcribing, typing, copying or otherwise clerically servicing such information. The State Vocational Rehabilitation Agency may also have access to information in my records to determine my eligibility for rehabilitative services.

I understand and concur with the statement and authorizations given above, except as follows (If there are no exceptions, write "None" in the space below. If you do not concur with any part of the above statement, state your objections clearly):

12. (b) Telephone number where you can be reached:

242-6694

Best time to reach you:

Early AM

12(b) Use this section to continue information required by prior sections. Identify the section for which the information is

provided.

Note: This section may also be used for any special or additional information which you wish to be recorded

Suggest problem is usual - 126 I cannot

read due to problem w/ focus.
It takes 3-4 hrs to read a
single magazine page. I have
to work to focus on each
separate word. I was seen
by an ophthalmologist at PHS -
he said he could tell I had
a problem in this area but
it was a rather difficult
area to document - he is to
see me Feb 5 for further
tests.

35

Knowing that anyone making a false statement or representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law, I certify that the above statements are true.

NAME (SIGNATURE OF CLAIMANT OR PERSON FILING ON THE CLAIMANT'S BEHALF)

SIGN
HERE

DATE

1/31/81

Janet J. Yuckert

PART VI — FOR SSA USE ONLY — DO NOT WRITE BELOW THIS LINE

Name of Wage Earner <i>Robert Guedest</i>	Social Security Number <i>531-34-8353</i>
Name of Claimant <i>SSA</i>	Social Security Number <i>127</i>

13. Check each item to indicate whether or not any difficulty was observed:
(Explain all items checked "Yes," in Item 14 below)

Reading:	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Using Hands:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Writing:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Breathing:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Answering:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Seeing:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hearing:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Walking:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Speaking:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Sitting:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Understanding:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Assistive Devices:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Other (Specify):

14. If any of the above items were checked "Yes," describe the observed difficulty:

Don't did not read or compute any figures. She asked for assistance. She used very hard to get down regarding her condition. She has alot of trouble, within re her health a seemed to want to deny the severity

15. Describe fully: General appearance, behavior, any unusual observed difficulties not noted elsewhere, any unusual circumstances surrounding the interviews.

Tried as she spoke, would not give a totally straight answer. Clear, neatly dressed - tech. bus - a officer built was to have a ~~the~~ side hole.

16. Claimant requires assistance ☐ Yes ☒ No
If "Yes," show name, address, phone number, and relationship of interested person.
Also show why claimant requires assistance (foreign-speaking, unable to ambulate, etc.)

128

17. Capability development appears needed ☐ Yes ☒ No
If "Yes," indicate whether DO will undertake development because it is also developing
medical evidence from a special arrangement source. (Show name and address of source.)

18. Is development of work activity necessary? ☐ Yes ☒ No
If "Yes," is an SSA-821 or SSA-821B ☐ Pending ☐ In File

19. SSA-3441 Taken By:
☒ Personal Interview
☐ DO/BO ☐ Home ☐ Other
☐ Telephone
☐ Mail

Signature of Interviewer or Reviewer <i>[Signature]</i>	Title <i>CIR</i>	DO, BO or TSC <i>[Signature]</i>	Date <i>1/3/81</i>
--	---------------------	-------------------------------------	-----------------------



STATE OF
WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
P.O. Box 9303 LN-11, Olympia, Washington 98504

November 10, 1980

132

2/26/80

to

3/19/80

Robert Pearlman, M.D.
Valley Community Clinic
110 Williams Avenue South
Renton, WA 98055

Re: Janet J. Yuckert
A/N 531-34-8353
DB: 06/08/36 BJA:lc #16

Dear Doctor

We are responsible for evaluating a disability claim under the Social Security Act. Inability to work is alleged on the basis of new low degeneration, but not, heart problems

In order to make a decision, we need specific objective findings from your records. Please include in your report the following:

- | | |
|--|---|
| 1. History and Physical Examination Findings from <u>2-80</u> to <u>date between</u> | 12. Frequency of Seizures / Dilantin level |
| 2. Range of Motion in Degrees | 13. EEG Report |
| 3. X-ray of Area Involved | 14. Visual Fields & Acuity with Correction |
| 4. Neurological Findings | 15. Audiometric Findings |
| 5. Description of Chest Pain | 16. Psychometric Tests |
| 6. Copies of EKG Tracings | 17. Capability to Handle Funds |
| 7. Chest X-ray | 18. Current Mental Status Exam (form encl.) |
| 8. Pulmonary Function Studies | 19. Pertinent Lab Work |
| 9. Spirometric Tracings | 20. Prognosis |
| 10. Pathology Report | |
| 11. Evidence of Metastases | |
| Other: _____ | |

TELEPHONE REPORTS ARE PREFERRED. SEE THE REVERSE SIDE FOR INSTRUCTIONS. You may also reply on the enclosed form or submit a copy of your records.

Supplemental Security Income or Medical Assistance Regulations allow us to pay up to \$15 for a complete report. Enclosed is a voucher for your signature.

Social Security Regulations state the claimant must pay for the report.

Your patient will benefit by your prompt reply. A medical release form is enclosed.

Sincerely,

Edith Lindeman

D.I. Adjudicator

Extension Number 934-4177
Social Security Disability Insurance

DSHS 14-126(3/78)

LI

EXHIBIT 17 (3pp)

EXHIBIT NO. 17 (3pp)

NOTICE TO PHYSICIAN:

PLEASE INCLUDE SUFFICIENT DETAILS OF HISTORY, PHYSICAL, AND DIAGNOSTIC FINDINGS CLINICAL COURSE, THERAPY, AND RESPONSE TO ENABLE A REVIEWING PHYSICIAN TO MAKE AN INDEPENDENT DETERMINATION AS TO THE SEVERITY AND DURATION OF THE IMPAIRMENT.

133

Robert Pearlman, M.D.
Valley Community Clinic
110 Williams Avenue South
Renton, WA 98055

Disability Insurance Section
P.O. Box 9303
Olympia, WA. 98504

Re: Janet J. Yockert
A/N 531-34-8353
DB: 06/03/36 BJA:lc #16

Date Patient First Examined

2/26/80

Frequency of Visits

Most Recent Examination

9/18/80

I. HISTORY AND PHYSICAL FINDINGS: Please show all pertinent findings (with dates).

2/26/80 - 43yo WF - 2 yrs of ext + gen headaches assoc'd to disorientation. Last episode had been for 2 months. Some relief to dizziness immediately. Headache described as constant pressure relieved to chlor-trimeton. Post-prandial of allergens to food, pollen. Chronic dry cough - post-nasal drip. Indistinct. Had 2 yrs non-potential dizziness with falling to 2 yrs ago. Also covered about non-essential upper chest pressure; reportedly relieved by exercise.

Needs: prednisone, fluoro, dyazide, KCl, valium

Exam: BP 124/73 RA = LH

myogram on left eye - glaucoma

Chest: clear

CV: 5 gallops on E

abdomen: large; soft; non-tender; liver palpable 21.6 below LAL

5 palp spleen

Neuro: staggering tandem gait 5 trunk ataxia

3/11/80 - no problems & difficulty focusing, constant dizziness

WEIGHT

HEIGHT

II. LABORATORY AND SPECIAL STUDIES: Give Results of all Pertinent Studies with dates (In the case of EEG's, please attach a copy of the tracings or a detailed description thereof.)

Audiometry 2/25/80: mild sensorineural hearing loss - tympanograms & reflexes normal

134

Lumbar puncture 4/25/80 & neurology evaluation: asymmetry of arm reflexes - possible 2nd nerve root - guide pupil

3/27/80 - Inverted auditory canal x-rays - no diagnostic abnormality

2/28/80 EKG normal

Results of lumbar puncture not available at present

40

III. DIAGNOSIS:

Possible multiple Sclerosis

IV. TREATMENT AND RESPONSE:

No information available as yet

Reporting Physician's Name and Address

Dr. J. G. Schmitt, MD
Valley Community Clinic
118 Williams Ave. S.E.
Renton WA 98055

Signature and Title

Dr. J. G. Schmitt

Date

11/17/80

135

State of
Washington
Department
of Social & Health
Services



Medical Records Librarian
Barborview Medical Center
325 - 9th
Seattle, WA 98104

*u. 11/17/80
to 1/20/80
a/102-180*

Re:

Janet J. Yuckert #149-66-34-72

A/N 531-34-8353

DB: 06/08/36 BJA:lc #16

This office is responsible for evaluating a Social Security Disability, Supplemental Security Income Disability, or Medical Assistance application for the above-named individual.

Copies of pertinent medical reports in your files will help in determining the claimant's functional capacity for engaging in gainful activity.

Please mail information for the following dates: -

*6-17-80 to date last seen Outpatient
only.*

The items are needed as checked:

- | | |
|---|---|
| <input checked="" type="checkbox"/> 1. History and Physical | <input type="checkbox"/> 9. Current Mental Status |
| <input type="checkbox"/> 2. Progress Notes | <input type="checkbox"/> 10. Results of Psychological Tests |
| <input type="checkbox"/> 3. Discharge Summary | <input type="checkbox"/> 11. X-ray Reports of _____ |
| <input type="checkbox"/> 4. EKG tracings | <input type="checkbox"/> 12. Lab Reports _____ |
| <input type="checkbox"/> 5. Surgical and Pathology Reports | _____ |
| <input type="checkbox"/> 6. Sputum Cultures and Dates | _____ |
| <input type="checkbox"/> 7. Pulmonary Function Tests | _____ |
| <input type="checkbox"/> 8. Other _____ | |

☒ Supplemental Security Income or Medical Assistance Laws allow us to pay up to \$7.50 for this report. Enclosed is a voucher for your fee and signature.

☐ Social Security Laws specify the claimant is responsible for payment of report.

A signed release is enclosed as your authority to supply the requested information.
Thank you for your cooperation and help.

Sincerely,

Barbara J. Anderson

D.I. Adjudicator
Extension Number

754-4177

MEDICAL ASSISTANCE DIVISION

Office of Disability Insurance

P.O. Box 9303, LN11 Olympia, Washington 98504

206-753-2990

EXHIBIT 18 (7pp)

Sgt. Oub
NOV 14 1980

Revised
NOV 13 1980

INSTRUCTIONS: Complete in black ink only, because other colors do not reproduce on Microfilm well.
Notes: Each entry should note month/day/year; time; problem number and title; writer's name, title, and department, e.g. John Doe, Resident, Cardiology, or Staff Nurse, 5N, or student.

DATE AND
HOUR

NOTES

PROB.
NO.

6/17/80

Allergy - Wt. 153 # BP 110/78 136

44 yrs old ♀ 4 episodes, each lasting 1-2 months, in which she experiences headache, dysequilibrium, blurring of vision & sinus congestion. These episodes occurred in October & January of 1978 & 1979. She does not complain of rhinitis, itching of eyes, or respiratory difficulties. She has been evaluated by a neurologist & an LP, CT, electroencephalography & thought to be free of neurologic disease. Her headache is frontal, constant & not relieved by aspirin. Her dysequilibrium consists of a lurching to the (R) upon standing & dizziness but room does not spin. Visual disturbance consists of blurring upon lateral gaze & (L) or (R).

Pt. was treated 5/29/80 & Prednisone 30mg I.D. for 4 days before she developed exacerbation of above or

CNH - as infant, said to be allergic to mother's milk + formula

She tested @ ages 8, 12, 18 (although she was to ex of allergy) & told that she had + response to dust, pollen, grass, tree, shrubs, strawberries, chocolate, & mustard.

Med - dextro, Valium
Diazepam 5mg

UNIVERSITY OF WASHINGTON HOSPITALS
HARBORVIEW MEDICAL CENTER
UNIVERSITY HOSPITAL
SEATTLE, WASHINGTON

PROGRESS NOTES

UH 0142 REV AUG 76

9-66-34-72

Yuckert, Janet

Physical Exam - 5 rhinitis, ~~not~~ 5 injected eyes,
lungs clear, TM's clear. No evidence of allergic
rhinitis or asthma. 137

Skin testing: ST - Histamine ⊕, ⊖ for trees, grass,
apple, banana, orange, peanut, or walnut

ID - ⊖ for dust, cat, cattle, dog,
leather, horse, sheep, egg yolk, helminth eggs,
penicillin, benzocaine
5 positive test.

Pts given Actifed sample + prescription for
Vicksal 12 mg + will RITC in 2 weeks.
Thought not to be allergic in nature but will
follow + see her in 2 weeks.

NOV 19 1960

See with Dr. Altman

Fredwell M.D.

ALLERGY ATTENDING:

44 Y.O. ♀ with episodic wheezing
suggested syndrome. Negative skin tests. No
evidence of allergic etiology.
H.C. & G. G. G. G.

BUCKERT, JANET J.
13725 - 56th Ave. South (D 207)
Seattle, Wa. 98168

Phone: 242-6694

138

(THIS ILLNESS HAS RE-OCCURED FOR THE PAST 2 YEARS -- BEGINNING IN EARLY JANUARY
SYMPTOMS USUALLY LAST 1 TO 3 MONTHS (LONGER THIS TIME)
AND AGAIN IN EARLY OCTOBER

I BECAME ILL JANUARY 2, 1980

EARLY SYMPTOMS (LASTING 21 DAYS)

1. INITIALLY, HAD 5 DAYS OF SEVERE HEADACHES
2. AWOKE ON 6TH DAY WITH EQUILIBRIUM IMBALANCE (HAD DIFFICULTY IN WALKING
WITHOUT FALLING TO RIGHT SIDE)
3. VISION PROBLEMS (DIFFICULTY IN FOCUSING AND RE-FOCUSING) COULD NOT
FOCUS WELL ENOUGH TO READ OR DRIVE CAR
4. HEAD CONGESTION - COUGHING & SNEEZING - EYES RED-RIMMED AND ITCHY • ALSO
LIKE A FILM IS COVERING EYES

CURRENT SYMPTOMS

1. DIZZINESS (CHLOR-TRIMETON ALLERGY TABS LESSEN SLIGHTLY)
2. OCCASIONAL EQUILIBRIUM IMBALANCE (MUCH BETTER THAN WHEN ILLNESS BEGAN)
3. VISION PROBLEMS WITH FOCUSING AND RE-FOCUSING (SLIGHTLY IMPROVED)
STILL HAVE A FILM-LIKE SUBSTANCE OVER EYES FAIRLY OFTEN
4. HEAD AND NASAL CONGESTION - SOME SNEEZING, COUGHING & HOARSENESS
5. AT TIMES, SEVERE HEADACHES (CAN BE SOMEWHAT CONTROLLED WITH CHLOR-TRIMETON)

NOTES:

1. HISTORY OF ALLERGIES - FROM BIRTH UNTIL 20 YEARS OF AGE
(ALLERGIC TO MILK, FOODS, POLLEN, DUST, RAGWEED, GRASS AND OTHERS)
2. OCTOBER 1978 AND OCTOBER 1979 -- BOTH YEARS WEATHER WAS UNUSUALLY WARM
(I ENJOY BEING OUTDOORS AND PICK DRIED FLOWERS AND WEEKS FOR ARRANGEMENTS)

CHRISTMAS 1978 AND 1979 -- BOTH YEARS WERE SPENT WITH PARENTS IN
BREMERTON (LOTS OF EVERGREEN TREES, SHRUBS, FLOWERING PLANTS, BUSHES)
ALSO SLEEP WITH WOOL BLANKET (DO NOT HAVE WOOL BLANKETS USUALLY)

POSSIBLE CAUSES??? POLLEN - RAGWEED - DRIED FLOWERS & WEEDS - GRASS - BUSHES &
SHRUBS - EVERGREEN TREES • WOOL - FRAGRANT CANDLES • FRUITCAKE • HOT BUTTERED RUM
NUTS

INSTRUCTIONS: Complete in black ink only, because other colors do not reproduce or Microfilm well.
 Notes: Each entry should note month/day/year; time; problem number and title; writer's name, title, and department, e.g. John Doe, Resident, Cardiology, or Staff Nurse, 5N, or student.

DATE AND HOUR PROB. NO.

JUL 1 1980

NOTES

ALLERGY Wk 149 1/2 # BP 140/86 139

Her note says it all - She spent 20 min arguing about what but, basically she might try - She would like to try 22 Liposol kind - send with a visit to discuss, whatever she has, Dr. Fretwell is much better at it than I am - optimizing trial. - Polysomnogram sleep trial 1 hr - Actified by day -

Richard C. [Signature]
 Richard C. [Signature]

9-66-34-72
 Yuckert, Janet

UNIVERSITY OF WASHINGTON HOSPITALS
 HARBORVIEW MEDICAL CENTER
 UNIVERSITY HOSPITAL
 SEATTLE, WASHINGTON

PROGRESS NOTES

UH 0142 REV AUG 76

DATE AND
HOUR

JUL 15 1980

PROB.
NO.

ALLERGY

WT. 149#

NOTES

BP 130/78

#1

Nasal Congestion, HA and dizziness. 140

Continues, on the whole; to have a positive response to antihistamine/decongestants. Still having some problems w/ drowsiness/hyperreactin -

Still like ^{negative} Vicodin / Achyl daytime combination.

Plan(1) suggested Isochlor as alter to Achyl

(2, I last visit for Rx re eval.

Frehwell M.D.

Aug 5 1980 -

#1 Nasal Congestion:

Running better off and on - still focusing on Rx side effects.

Imp: Chronic disability

Plan: (1) decadron turbinax to manage side effect of antihistamine
(2) RTC soon

Frehwell M.D.

DO NOT WRITE BELOW THIS LINE

INSTRUCTIONS: Complete in black ink only, because other colors do not reproduce on Microfilm well.
 Notes: Each entry should note month/day/year; time, problem number and title; writer's name, title, and department, e.g. John Doe, Resident, Cardiology, or
 If Nurse, SN, or student.

DATE AND
HOUR

NOTES

PROB.
NO.

9/2/80

Allergy wt 143#

BP 118/72 3
141

#1

Nasal / Middle ear congestion

Eureka! good response to

Dicadron turbinatin + ophthalmic at

night. Able to drive, dance, etc.

Exam: nasal congestion absent

Yes same

Imp: Nasal / Middle ear syndrome

with dryness, headache and

rhinorrhea

Plan - cont. Rx

write letter for Voc Rehab.

RTC pm

Frederick D.D.

UNIVERSITY OF WASHINGTON HOSPITALS
 HARBORVIEW MEDICAL CENTER
 UNIVERSITY HOSPITAL
 SEATTLE, WASHINGTON

PROGRESS NOTES

UH 0142 REV AUG 76

9-66-34-72

Guckert, Janet



STATE OF
WASHINGTON

Dixy Lee Ray
Governor

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
624 5th 150th, P.O. Box 66827, L 44-2, Burien, Washington 98166

12/3/80

Bobbe J. Andersen
HSD-DI Section
P.O. BOX 9503
Olympia, WA 98504

Dear Bobbe:

Ms Yuckert applied for D.V.R. services on 8/29/80. At that time diagnostic and evaluation procedures were started and she was found eligible on 10/10/80. Her primary disability is degenerative eye and equilibrium disease and a secondary disability of allergic rhinitus and otitis.

We are presently working with her in helping sort out vocations which do not require extensive use of her eyes, especially which require rapid eye movement and focus-refocus types of activities. We hope to be able to write a reasonable vocational plan before the first of the year so that if schooling is involved she will be able to start winter quarter.

I have attached copies of medical reports we have received. We hope these will be helpful to you in your eligibility determination. Ms Yuckert will need some type of financial support while being retrained. She is a self motivated and work oriented individual and should be successfully rehabilitated within her medical limitations.

If I can be of further service, feel free to contact me.

Sincerely,

Raymond E. Johnson

Raymond E. Johnson, MSW
Vocational Rehabilitation
Counselor III

464-7675

REJ:dmf
EcN.

HAN

PRONG FILE ONLY

Current Date 1-2-X-82
Initials By
Decision Final
II- W

EXHIBIT NO. 19 (175)

EXHIBIT 19 (17pp)

RECEIVED
SEP 19 1980
JMS:JURLEN
DIV OF VOC REHAB

HARBORVIEW MEDICAL CENTER

325 NINTH AVENUE
SEATTLE, WASHINGTON 98104
206 - 223 - 3000

143

September 15

Dear Mr. Johnson,

This letter is in reference to Ms.

(Janet Yuckert. I have seen her
several times in Allergy Clinic to
attempt control of her allergies
and usual difficulties. Although
we have no well described diagnosis;
by exclusion (she had extensive
ophthalmologic, neurologic and
EAT evaluations before coming to my -
clinic) I would say that she
has non-specific congestion of the
nasal and middle ear mucous
membranes leading to her symptoms.
She is undoubtedly on antihistamine
therapy and demonstrating some

unperceived in symptoms. She
 described with apparently leading. Even
 if she were to become completely
 asymptomatic, there is a possibility
 of relapse. I hope this information
 is helpful. Clinic Records will
 also be sent.

Marsha Fretwell M.D.
 Allergy Clinic
 APRC.

UNIVERSITY OF WASHINGTON
SEATTLE, WASHINGTON 98195

159

October 9, 1980

To whom it may concern:

This is to document that Ms. J. Yuckert is disabled by a syndrome of middle ear congestion. The physical disability is one of dizziness and difficulty reading. Despite medications, her symptoms persist and may do so indefinitely.

Marsha Fretwell M.D.
Marsha Fretwell, M.D.
Allergy Clinic

51

EXHIBIT 20

EXHIBIT NO. 20



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

BUREAU OF MEDICAL SERVICES
DIVISION OF HOSPITALS AND CLINICS

160

U. S. Public Health Service Hospital
P. O. Box 3145
Seattle, Washington, 98114

17 October 1980

Refer to:

YUCKERT, Janet
PHS# 43 81 07

TO WHOM IT MAY CONCERN:

Mrs. Yuckert was first seen here on 19 March 1980. She complains of dizziness without rotary vertigo for at least the past two years but since January, 1980 has been incapacitated. She also complains of being unable to focus and complains of frontal headaches. She also complains of a left tinnitus. Significant past medical history includes a left sudden sensori-neural hearing loss in 1970 which has returned. She has past histories of chronic nasal congestion and felt that from January to June the dizziness has been more aggravated over the last two years.

The initial examination of head, eyes, ears, nose and throat reveals a spontaneous nystagmus going to the left side. X-rays of the internal auditory canals, electronystagmogram and brain stem evoked response and audiometry were normal. Because of the associated visual problems, a neurology consult was obtained to rule out a diffuse intracranial problem. She was extensively worked up by the Neurology Clinic and they did not feel that she had multiple sclerosis. Because of the incidences of her dizziness coming at the same time each year, the possibility of an allergic component was investigated. She was seen by the Allergist at Harborview Medical Center. She was positive to dust. Medications were not helpful.

I feel that Mrs. Yuckert has labyrinthine dysfunction bilaterally. It is incapacitating and is not controllable with medications at the present time. As this is bilateral, I do not feel that there is any surgical procedure that will be indicated. I feel that Mrs. Yuckert will be disabled for an indefinite period of time to the best of my estimate.

Matthew L. Wong, M.D.
Otologist
Dept. of Otolaryngology

MLW:mc

EXHIBIT 21

EXHIBIT 21



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE
BUREAU OF MEDICAL SERVICES
DIVISION OF HOSPITALS AND CLINICS

U. S. Public Health Service Hospital
P. O. Box 3145
Seattle, Washington, 98114

7 January 1981

Re: Mrs. Yuckert

185

YUCKERT, Janet
PHS# 43 81 07

TO WHOM IT MAY CONCERN:

Mrs. Yuckert was first seen by me on 19 March 1980. She complains of dizziness without rotary vertigo for at least the past two years but since January, 1980 has been incapacitated. She also complains of difficulty to focus and complains of frontal headaches. She complains of a left tinnitus. Significant past medical history includes a sudden left sensori-neural hearing loss in 1970 which has returned. She gives a past history of chronic nasal congestion and felt that from January to June the dizziness has been more aggravated over the past two years.

The initial examination of the head, eyes, ears, nose and throat reveals a spontaneous nystagmus going to the left side. X-rays of the internal auditory canals, electronystagmogram and brain stem evoked response and audiometry were normal. Because of the associated visual problems, a neurology consult was obtained to rule out a diffuse intracranial problem. She was extensively worked up by the Neurology Clinic and they did not feel that she had multiple sclerosis. Because of the incidences of her dizziness coming at the same time each year, the possibility of an allergic component was investigated. She was seen by an Allergist at Harborview Medical Center and was positive to dust. Medications were not helpful.

I feel that Mrs. Yuckert has dizziness without rotary vertigo. This is most likely labyrinthine in origin and is bilateral. It is incapacitating and is not controlled with any kind of medications. As this is bilateral, I do not feel there is any surgical procedure that will alleviate the problem. She will be followed on a periodic basis.

MLS:mc

Matthew L. Wong, M.D.
Otolologist
Dept. of Otolaryngology

EXHIBIT 23 (2pp)

EXHIBIT NO. 23

January 12, 1981

SOCIAL SECURITY ADMINISTRATION

Ref: Janet J. Yuckert 186

Claim # 531-34-8353 A

I would like this statement to be considered in my case review.

I became ill on January 2, 1980 and have been ill continuously since that date.

SYMPTOMS:

1. Severe vision problems (in focusing and re-focusing) - this restricts reading and driving a car.
2. Equilibrium imbalance - difficulty in walking or standing without falling to right side.
3. Dizziness - constantly (not vertigo) - this further restricts ability to read, drive, walk, perform normal household chores, etc.
4. Severe headaches - (not controllable by aspirin)
5. Head and nasal congestion (not controllable by prescribed medication)

During 1978 and 1979, I had this same illness but only lasting for 1-3 months.

October 6, 1978 until December 17, 1978

December 29, 1978 until approximately January 30, 1979

October 3, 1979 until November 17, 1979

(The medical records substantiate this data)

During the above-mentioned periods - I was not able to work.

When I became ill again on January 2, 1980, I assumed this was the same "virus or whatever" that I had previously and that I would recover from the illness within 1-2 months. The symptoms were more severe and I was unable to walk without holding onto walls or furniture and could not care for myself. My parents or friends prepared meals, performed errands and did household chores for me.

When it became apparent that I was not going to recover on my own, I did seek medical treatment. On February 26, 1980 I was examined thoroughly by Dr. Robert Pearlman of the Valley Community Clinic and then referred to Public Health Hospital for extensive medical tests. It was necessary for friends or relatives to take me to all doctor appointments and for tests.

The diagnosis given me by Dr. Matthew Wong, Otologist - was degeneration of the inner ear. He made this diagnosis on April 2, 1980 and told me the condition was not operable - also, there was no medication to control this disease.

EXHIBIT 24 (2pp)

- 2 -

Ref: Janet J. Yuckert

Claim # 531-34-8353 A

187

In addition to degeneration of the inner ear and all it's complications, I have had weak arches/flat feet since I was a child. I saw various orthopedic specialists and wore orthopedic shoes - this did not correct the condition. I am not able to stand or walk continuously for extended periods of time (3 plus hours) - without an equal amount of time being seated. This has limited my past employment fields to "office type" occupations.

Due to the affects of degeneration of the inner ear, I have not been able to work nor to enjoy a "normal life".

Janet J. Yuckert
Janet J. Yuckert

13725 - 56th Avenue South (D 207)
Seattle, Washington 98168

FUNCTIONAL ASSESSMENT

188

NAME James V. Jackson

SSA# 531-34-0353

56

DOCTORS: Please complete the following form based on objective findings only. YES NO

1. Can claimant <u>stand</u> through out a normal work day? (If NO, explain below)		YES	NO
2. Can claimant <u>walk</u> throughout a normal work day? (If NO, explain below)		YES	NO
3. Is claimant restricted to walking on smooth surfaces only?		YES	NO
4. Can claimant <u>sit</u> 6 hours or more in an 8-hour day?		YES	NO
5. Can claimant lift:	(a) up to 10 lbs.?	YES	NO
	(b) 10 - 20 lbs.?	YES	NO
	(c) 20 - 50 lbs.?	YES	NO
	(d) over 50 lbs.?	YES	NO
6. Can claimant perform this lifting frequently?		YES	NO
7. Can claimant use dominant hand for:	(a) gross manipulation?	YES	NO
	(b) fine manipulation?	YES	NO
	(c) grasping?	YES	NO
8. Can claimant use non-dominant hand for:	(a) gross manipulation?	YES	NO
	(b) fine manipulation?	YES	NO
	(c) grasping?	YES	NO
9. Can claimant use arms above shoulder level?		YES	NO
10. Can claimant use right foot as in operating foot controls?		YES	NO
11. Can claimant use left foot as in operating foot controls?		YES	NO
12. Can claimant bend frequently?		YES	NO
13. Can claimant climb stairs frequently?		YES	NO
14. Can claimant climb ladders frequently?		YES	NO
15. Does claimant have any:	(a) environmental restrictions?	YES	NO
	(b) visual restrictions?	YES	NO
	(c) auditory restrictions?	YES	NO
16. Can claimant:	(a) follow simple instructions?	YES	NO
	(b) perform routine repetitive tasks?	YES	NO
	(c) respond appropriately to supervisors and co-workers?	YES	NO
17. Are there other functional limitations to be considered?		YES	NO

ADDITIONAL COMMENTS: (Use reverse side if necessary)

#If answer is NO, how many hours can claimant stand or walk?

EXHIBIT 25

EXHIBIT NO. 25

DATE 5 Feb 81

Signature of Physician



STATE OF
WASHINGTON

Dixy Lee Ray
Governor

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

149 S. 140th, P. O. Box 66322, N 44-2, Burien, Washington 98166

192

4/15/81

James Douglas

~~Emergency Services~~
Seattle, WA

RE: Yuckert, Janet J.

Dear Mr. Douglas:

I am writing in order to bring you up-to-date on Janet and her involvement with the Division of Vocational Rehabilitation.

Janet applied for D.V.R. services at the suggestion of her C.E.T.A. counselor, Shirley Allen on 8/29/80. At that time she had been bothered by recurring problems of dizziness, focus and refocusing of her eyes. She had not worked since 12/79 due to these problems.

She became eligible for D.V.R. on 10/1/80 with a primary diagnosis of degenerative eye and equilibrium disease and secondary diagnosis of allergic rhinitis and otitis.

Upon examining her test results and having Janet explore vocational alternatives and programs available to assist her in returning to the work market, we embarked upon a two year community college training plan toward computer programming. She commenced her program at Highline Community College in January, 1981. She did very well grade wise for winter quarter although two things became evident very quickly.

Problems:

Janets eye problems keep her from being able to take a "normal" course load of 15 credits. She started with 13 credits, but was only able to complete 11 credits. She found that she could only study for up to 30 minutes and would then have to take a 30 minute break.

Thus, in order to get reasonable grades she has to study for longer periods of time in order to keep a continuity of subject content.

A second problem, again relating to her eyes, she has to read at a slower pace because of the focus-refocus problems.

I think that once she has completed the program and is ready to go to work, these problems will be significantly reduced as the amount of reading she does now.

EXHIBIT 28 (2pp)

EXHIBIT

#28



STATE OF
WASHINGTON

Dixy Lee Ray
Governor

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

49 S. 10th, P. O. Box 66332, N 44-2, Burien, Washington 98146

3

193

4/15/81

PAGE II

James Douglas
Seattle, WA

RE: Yuckert, Janet J.

will not be required on the job. As far as her being employable now, she is not. Her previous jobs required a lot of reading and reading small print (i.e. sales contracts).

Computer programming is a constantly enlarging field and trained people should have little problem obtaining employment. DVP thinks that the training is appropriate for Janet in all areas: 1) capabilities, 2) interests and most importantly, 3) within her medical limitations.

If I can be of any further help, please feel free to contact me.

Sincerely,

Raymond E. Johnson

Raymond E. Johnson, "SW"
Vocational Rehabilitation
Counselor III

464-7675

REJ:dmf
Enc.

In the Supreme Court of the United States

No. 85-1409

OTIS R. BOWEN, SECRETARY OF HEALTH
AND HUMAN SERVICES, PETITIONER

v.

JANET J. YUCKERT

ORDER ALLOWING CERTIORARI. Filed May 19,
1986.

The petition herein for a writ of certiorari to the United
States Court of Appeals for the Ninth Circuit is granted.